

# Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

## Regional Update for 2018 - as of 20 March 2018



### Highlights

More than 11,181 cholera / AWD cases and 186 deaths (Case Fatality Rate, 1.7%) have been reported in 10 of 21 countries of Eastern and Southern Africa Region (ESAR) since the beginning of 2018. These countries include; Angola, Kenya, Malawi, Mozambique, Rwanda, Somalia, Tanzania, Uganda, Zambia and Zimbabwe.

Currently, 9 out of the 21 countries in ESAR are reporting active transmission of cholera / AWD (Somalia, Kenya, Tanzania, Angola, Malawi, Mozambique, Uganda Zambia and Zimbabwe). During the week under review, Zambia reported the highest number of new cases (291 cases including 7 deaths), followed by Uganda (226 cases including 1 death). 7 out of the 9 countries with active transmission have recorded CFR above 1% in 2018, with Zimbabwe (CFR, 3.6%) and Malawi (CFR, 3.0%) recording the highest CFR.

**Uganda:** Since the beginning of the outbreak on 15 February 2018 to 18 March 2018, a total of 1,784 cases including 37 deaths (CFR, 2.1%), have been reported. During week 11 (week ending 18 March 2018), 226 cases including 1 death (CFR, 0.4%) were reported. The majority of the affected people are refugees from the Democratic Republic of the Congo.

**Somalia:** An increase in the epidemic trend has been noted. During week 9 (week ending 4 March 2018), 174 new cases were reported compared to 148 cases reported in week 8 (week ending 25 February 2018). New cases emerged from 4 regions, namely Banadir (48), Middle Shabelle (83), Lower Jubba (33) and Hiraan (10). Cumulatively, 1,313 cases including 8 deaths have been reported, as from December 2017. Of these, a total of 1000 cases and 7 deaths have been reported since the beginning of 2018.

**Kenya:** 181 new cases including 1 death (CFR, 0.6%) were reported in week 9 compared to 88 cases including 5 deaths (CFR, 5.7%) reported in week 8. New cases emerged from 6 Counties, namely Siaya (36), Garissa (2), Murang'a (47), Turkana (53), West Pokot (25) and Trans Nzoia (18 cases and 1 death). Cumulatively a total of 6,003 cases including 130 deaths have been reported, as from October 2016. Of these, a total of 1,704 cases and 41 deaths have been reported since the beginning of 2018.

**Malawi:** 54 new cases including 2 deaths (CFR, 3.7%) were reported in week 11 compared to 40 cases including 3 deaths (CFR, 7.5%) reported in week 10 (week ending 11 March 2018). The new cases emerged from five districts, namely Karonga (7), Lilongwe (42 and 2 deaths), Salima (3), Rumpfi (1) and Dedza (1). Cumulatively a total of 813 cases and 25 deaths have been reported, as from November 2017. Of these, 658 cases and 20 deaths have been reported since the beginning of 2018.

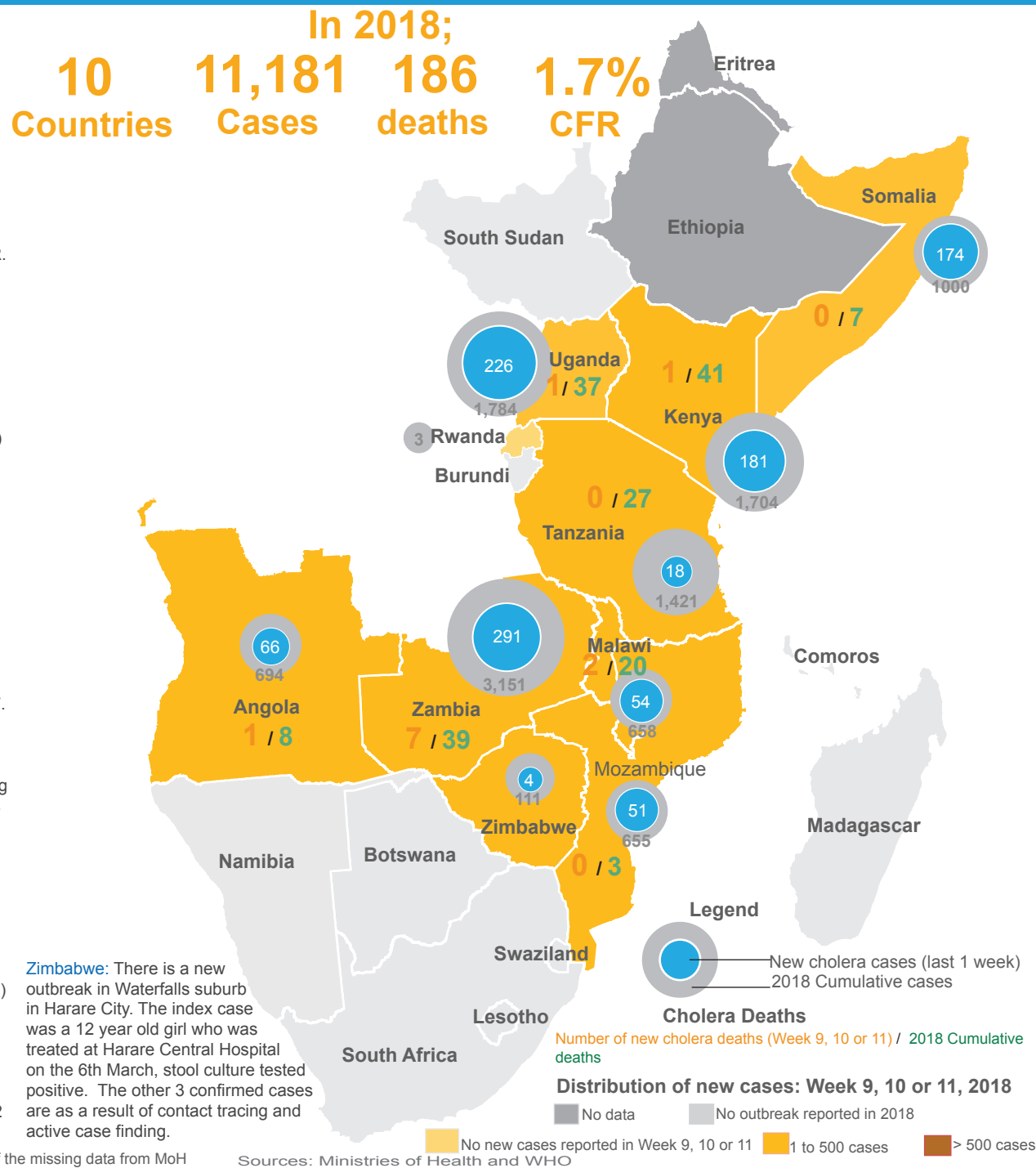
**Mozambique:** Outbreak is on decline in Pemba city, but a new outbreak has been reported in Chiure district (200km from Pemba city). 51 new cases were reported in week 10 compared to 65 cases including 1 death (CFR, 1.5%) reported in week 9. Cumulatively, 2,227 cases and 3 deaths have been reported, as from August 2017. Of these, 655 cases and 3 deaths have been reported since the beginning of 2018.

**Angola:** 66 new cases including 1 death were reported in week 10 compared to 58 cases reported in week 9. These cases are concentrated in Uige district. Cumulatively, 775 cases including 13 deaths have been reported, as from 15 December 2017. Of these, 659 cases and 6 deaths have been reported since the beginning of 2018.

**Tanzania:** A decline in the epidemic trend has been noted. During week 10, 18 new cases were reported compared to 116 cases reported in week 9. These new cases are concentrated in 2 regions; Dodoma (12) and Ruvuma (6). Cumulatively, 30,052 cases including 493 deaths have been reported in Tanzania mainland, as from August 2015. Of these, a total of 1,421 cases and 27 deaths have been reported since the beginning of 2018.

**Zambia:** 291 new cases including 7 deaths were reported in week 11. These new cases are concentrated in five districts; Lusaka (278 and 7 deaths), Central (5), Southern (5) and Eastern (3). Cumulatively, 5,002 cases including 98 deaths have been reported, as from October 2017.

**\*\*2018 Cumulative figure for Zambia has been computed from available data and is to be verified subject to receipt of the missing data from MoH**





# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Somalia

- Increase access to adequate amounts of safe water and appropriate sanitation
- Conduct cholera vaccinations in hotspot areas
- Engage community based integrated emergency response team in early detection
- Adopt standardized case management and infection prevention and control protocols
- Provide integrated training in WASH and health at treatment sites
- Provide infection control materials at treatment sites
- Targeted regular water quality testing
- Behaviour change that integrates WASH and Health messages
- Orientation of food handlers to adhere to public health standards

- The cholera treatment facilities in Middle Shabelle in Banadir, Kismayo and Beletweyne have been opened to manage AWD/Cholera cases reported from affected districts
- 4 regional rapid response Teams in affected regions have been deployed to investigate AWD/Cholera rumors in all the affected regions/districts
- 11 Alerts/rumors were received and investigated from Beletweyne
- 420 households have been reached in Beledweyn while 210 households have been reached in Buloburte with preventive messages.
- 40,500 new people from 28 IDP camps located in Nugaal region, Burtinle district (Usgure, Jiiran, and Kalkaal IPD camps); in Bay region, Baidoa and in Benadir region, Kaxda district (K13-K14, Kaxda, Section 3 and Kalkal-Bar Abukar) benefitted from provision of safe water through trucking and vouchering provided by UNICEF
- UNICEF rehabilitated and/or upgraded nine mini water systems and wells in Sanaag region, Luuq and Doolow districts of Gedo region as well as Kismayo, Lower Juba. During which benefit 41,590 new people.
- 201 new latrines were completed by UNICEF in Xarardheere district benefiting 2,550
- 1000 MHM sanitary pads were distributed by UNICEF to women of reproductive age based in Nugaal IDP
- 4,780 school children and 6,631 children visiting health facilities in Kismayo and Puntland got access to WASH facilities set up by UNICEF
- Hygiene promotion activities by UNICEF reached 44,800 new people, bringing the total achievement to 100,898 people.
- Hygiene kits composed of jerrycans, buckets, soap and water treatment tablets were distributed by UNICEF to more than 32,000 households (approximately 160,000 people).

### Kenya

- Need for continuous capacity building in counties on IDSR, IPC and RRT
- Ensure the availability of safe water and safe human waste disposal
- Strengthen cholera prevention and health promotion in high risk areas
- For Nairobi County, key priority areas include: Strengthening coordination at the county level; engaging the unit committees, food vendors as well as the informal sector workers; sensitization of hospitality and other institutions; supporting rapid response teams and intensifying risk communication and public health education using the local FM radio stations

- The Ministry of Health continues to sensitize Health Care Workers in affected counties on case management and Infection Prevention and Control Measures
- National MOH designed and printed IEC materials for cholera. The Materials were distributed to the affected counties and those deemed to be at risk of Cholera outbreak.
- The Ministry designed Radio spots which were aired in English and Kiswahili across the country
- Cholera treatment centers have been set up in areas where cholera cases are reported
- Hygiene promotion and health education activities are being carried out in the respective counties
- The affected counties have enhanced surveillance activities, case finding and contact tracing with targeted provision of chemoprophylaxis for the members of affected families

### Uganda

- Need for cross border collaboration, for instance information on the outbreak in DRC needs to be shared to direct the response
- Need for translation of IEC materials on cholera into French, Kiswahili and Lingala
- Provision of water, pit latrines and hand washing facilities
- Some refugees are coming from Ituri where there is ethnic violence and some of the areas are hard to access. There is need to assess the outbreak situation in these areas

- The Uganda Red Cross Society (URCS) is planning to implement hygiene and sanitation improvements in both the host and refugee communities, with support from UNICEF. This plan includes 100 communal latrines, 40 hand washing facilities, 500 sanitation kits, 150 boxes of soap, safe water storage facilities, and distribution of 2 000 5-litre jerry cans.
- 3 cholera kits were delivered by UNICEF to Kyangwali – Hoima district in addition to one from WHO
- A Ministry of Health team has been deployed to Hoima District to coordinate outbreak response, with technical and financial support from WHO
- Water purification tablets were provided by UNICEF
- Technical supported being provided by UNICEF staff on WASH, social Mobilization and Case management.
- Two CTCs have been set up at Kasonga HC III and Sebigoro HC III, both staffed by healthcare workers from Hoima District, MSF and MTI, with technical support from the Ministry of Health and WHO
- UNICEF is providing financial support to healthcare workers staffing the CTCs
- Village health teams are conducting active case finding in Kyangwali refugee settlement, Nkondo parish, Buhuka, and Kaiso village
- WHO is supporting surveillance and contact tracing in affected areas via technical guidance and transportation of teams
- Implementation of WASH interventions including the distribution of aqua tabs, the construction of latrines and hand washing facilities, and deployment by UNICEF of 15 health assistants to supervise these activities is ongoing
- 1 Solar chlorine generator to provide chlorine for IPC and drinking water purifier was provided by UNICEF

### Zimbabwe

- Point of use water treatment
- Augmenting Municipal water supply through borehole repairs and motorization of boreholes
- Rehabilitation of communal latrines
- Provision of NFI
- Continue to intensify hygiene promotion
- Water treatment chemicals

- Distribution of Non-Food Items (NFI's) including soap, aquatabs and detergents
- Disinfection and chlorination of water
- Awareness raising in the surrounding areas including Zindoga shopping centre, churches and schools.
- Contact Tracing by City of Harare



# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Angola

- Maintenance of water trucks
- Continuous distribution of drinking water for 7 days in a week
- Operation and maintenance of faulty water systems
- Urgent need for more water tanks to be placed in priority communities.
- Increase social mobilization activities in critical neighborhoods and environmental health

- 1,970,000 water treatment tablets were distributed to 67,000 people living in the most affected areas, of which 1,960,000 were donated by UNICEF and 10,000 from Central Government of Angola to treat 39,400,000 liters (one tablet per 20L) for one month.
- 8 bladders of 5,000 Liters each were installed at critical points (Anacandande 2, Kakuia 2, Cassangano 1 and CTC) by UNICEF WASH team and the Water and Sanitation Company of Uíge.
- 40 traditional leaders and 30 religious leaders were sensitized and engaged in latrine construction and cleaning of their areas.
- 40 personnel, including surveillance professionals, were trained on use of the Palintest kit in the measurement of residual chlorine and pH in trucks and water tanks and in the use of GPS
- 2 staffs of Provincial Director of Water and Energy were trained in water distribution monitoring and equipped with monitoring sheets
- UNICEF donated the following: 1,960,000 Water treatment pills of 20L each (140 cartons of 14,000 pills each); 18 boxes of 50Kg of Chlorine HTH70; 10 water bladders of 5,000 L each; 2,000 Buckets of 20L each with taps; 100 STLC manuals; and 5 Pool testers' kits
- The Community-Led Total Sanitation (CTLCT) methodology was introduced in the neighborhood of Orlando Fonseca Zone 6, one of the most critical municipalities

### Malawi

- Infection control in CTCs and homes of patients
- WASH supplies including; chlorine products, soap, water collection and storage containers, and portable latrines in CTCs
- Training, supervision and mentoring of health workers in CTUs
- Ensure quality case management in CTUs
- Community health education
- Promote construction and use of community latrines through CLTS

- UNICEF provided cholera treatment and prevention supplies to Nkhata Bay
- In Lilongwe, UNICEF set up a CTC and provided cholera treatment and prevention supplies, including 1 complete cholera kit and several drums of HTH
- In Mulanje, UNICEF provided two tents and medical supplies to treat 50 cases plus WASH supplies
- In Nsanje, UNICEF provided medical supplies to treat 50 cases plus WASH supplies
- In Likoma, UNICEF provided a tent, medical supplies to treat 50 cases plus WASH supplies
- In Rumph, Blantyre and Dedza, UNICEF delivered Health and WASH supplies

### Zambia

- Improve case management- Training and continuous mentorship of CTC staff
- Strengthening lab confirmation and epi-linkage of all cases
- Contact tracing
- Increase coverage of WASH interventions
- Maintenance of residual chlorine level of 0.5mg/L in all supplied water
- Health promotion and communication activities in the communities

- The government of Zambia with support from WHO facilitated and provided resources to procure the Oral Cholera Vaccine
- Round one of the OCV Campaign, which took place from 10th to 20th January 2018, vaccinated 1,317,925 people, representing a coverage 109%; in addition 1,407 inmates at Lusaka Central prison were vaccinated
- WASH Interventions including hygiene education, chlorine distribution, sanitation and water sampling are being scaled up in all affected areas

### Tanzania

- Increase the number of health personnel responding to cholera
- Provision of household water treatment tabs followed by appropriate messaging regarding usage and benefits
- Advocacy and partnerships for resource mobilization
- Capacity building of medical personnel on cholera case management
- Follow up with communities on construction of toilets in the affected areas and ensure adherence to by-laws

- Community education and awareness raising regarding the prevention and control of Cholera through villages and Schools and local media outlets is ongoing in all cholera hotspots
- Training and mentorship of health workers in case management, infection prevention and control is ongoing mainly done by the RRT visiting the outbreak areas
- Kilolo District Commissioner in Iringa region has released supplies including IV fluid and antibiotics worth Tshs 4.7 Million to health facilities areas.
- Kilolo District Commissioner bought water guard through commercial outlets worth Tshs 1 Million that will be used at household level for water treatment

### Mozambique

- To improve active involvement of partners working on WASH and social mobilization on the ground
- To improve confirmation of suspected cases in new cholera hotspots to enhance prompt response
- To improve supply chain of cholera commodities particularly Ringer's Lactate and cholera beds from provincial warehouse to hotspots at district level

- A joint field mission between UNICEF and WHO was conducted to assess response in Cabo Delgado



# Annex 1: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1st January 2018

## Kenya: Challenges

- Limited financial and material resources to facilitate rapid deployment of national and County technical teams to respond to the outbreaks
- Not all counties have regular supply of water sampling equipment and training on WASH diagnostics and most county health facility laboratories are not well equipped to carry out water quality tests and confirmatory tests- some of the supplies are missing i.e serotyping, culture and sensitivity
- Limited pharmaceutical and non-pharmaceutical supplies for case management
- Inadequate IEC materials since the outbreaks have been continuous over the last two years

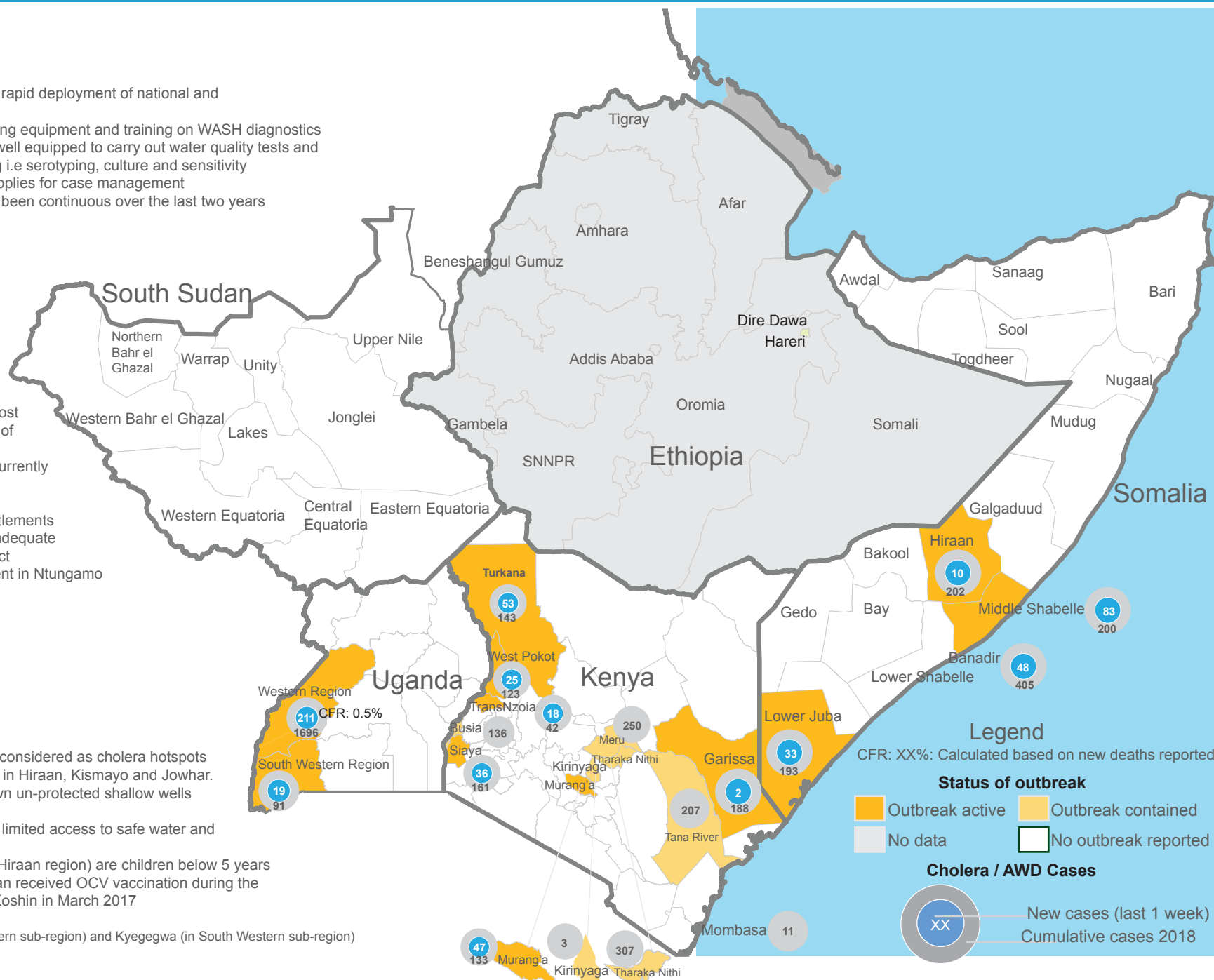
## Uganda: Challenges

- Some refugees from Congo are settling among the host communities which is contributing to the propagation of the outbreak
- Inadequate safe water provisions in the community currently 8 litres per person per day
- Inadequate facilities for hand washing
- There is wide spread Open defecation in refugee settlements
- Active case investigations and contact tracing are inadequate
- Insufficient number of IEC materials in the local dialect
- Insufficient staffing levels to support case management in Ntungamo

## Somalia: Challenges

- Limited access to safe water and sanitation in areas considered as cholera hotspots
- Use of contaminated water from open water sources in Hiraan, Kismayo and Jowhar. For instance in Kismayo, every household has its own un-protected shallow wells aggravating the situation of AWD
- Highest concentration of IDPs in Banadir region with limited access to safe water and sanitation facilities aggravates the situation of AWD
- 90% of all the affected cases in Beletweyne district (Hiraan region) are children below 5 years
- Only 4% of the AWD/Cholera cases reported in Hiraan received OCV vaccination during the campaign that was conducted in Xaawo Taako and Koshin in March 2017

\*\* Cases from Uganda emerged from Hoima district (in Western sub-region) and Kyegegwa (in South Western sub-region)





# Annex 2: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1st of January 2018

## Challenges: Angola

- 90% of people in affected neighborhoods are consuming unsafe water from CASIMBA due to lack of safe trucked water or water from the public network
- More than 51% of the population in the affected areas defecate in the open air because they do not have latrines

## Challenges: Malawi

- Cross border movements between Tanzania and Malawi influence the evolution of outbreaks in Karonga district. The index case is reported to have come from a neighbouring district in Tanzania.

## Challenge: Zambia

- Heavy rainfall resulting in flooding and overflow of septic tanks and pit latrines, posing a risk of spread of the outbreak
- Flooding in most areas limiting access
- Community resistance to bury shallow wells.
- Erratic water supply

## Challenges: Mozambique

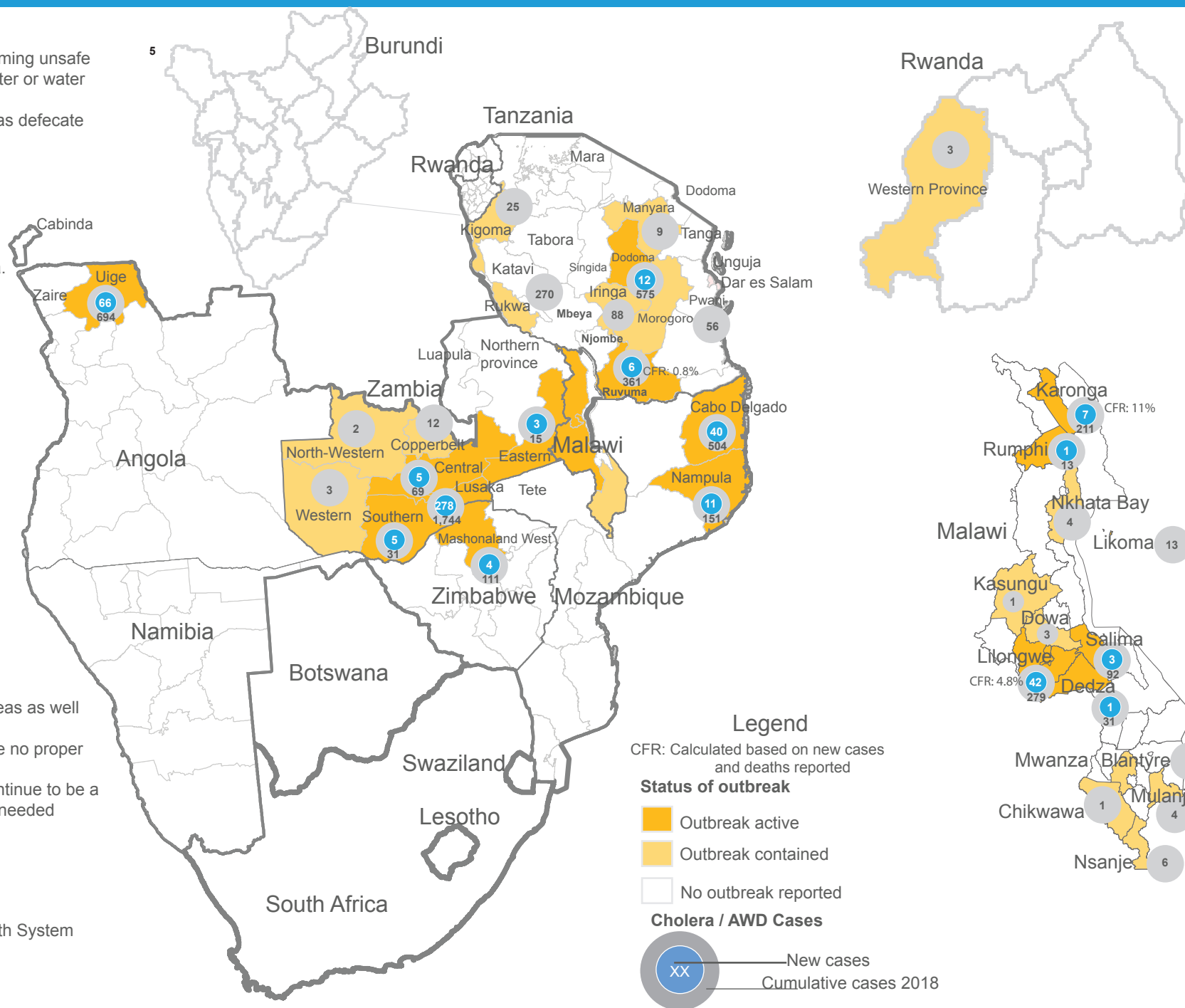
- A tropical storm occurred on January 16th in Nampula, and affected 80,000 people and destroyed 8 health facilities. This may increase the risk of new outbreaks in the region

## Challenges: Tanzania

- Water is a major problem in most of the affected areas as well as low coverage of improved sanitation
- Delays in outbreak surveillance and reporting hence no proper measures are taken rapidly to curb the spread
- Availability of household water treatment tablets continue to be a problem especially in rural areas where it is mostly needed

## Challenges:Zimbabwe

- Falsification of addresses given by contacts
- Hidden information for fear of being deported
- No Cipro suspension for Pediatrics in the City Health System
- Adherence to treatment by contacts not certain
- Inadequate resources for staff





# Annex 3: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Week 6		Week 7		Week 8		Week 9		Week 10		Week 11		2018 Cumulative			Cumulative since the beginning of outbreak			Beginning of outbreaks
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	
Somalia	98	1	143	5	148	0	174	0					1000	7	0.7	1,313	8	0.6	Dec-17
Kenya	115	0	79	0	88	5	181	1					1,704	41	2.4	6,003	130	2.2	Oct-16
Tanzania	278	3	231	5	321	7	116	0	18	0			1,421	27	1.9	30,052	493	1.6	Aug-15
Malawi	70	1	95	2	100	2	85	7	40	3	54	2	658	20	3.0	813	25	3.1	Nov-17
Mozambique	70	0	64	0	196	2	65	1	51	0			655	3	0.5	2,227	3	0.1	Aug-17
Angola	39	0	48	1	22	0	58	1	66	1			694	8	1.2	822	15	1.8	Dec-17
Zambia	125	3	147	1							291	7	3,151	39	1.2	5,002	98	2.0	Oct-17
Uganda	5	0	433	20	470	9	501	5	148	1	226	1	1,784	37	2.1	1,354	34	2.5	15th Feb 2018
Zimbabwe	8	0	0	0	0	0	0	0	4	0			111	4	3.6	4	0	0.0	6th March 2018
Rwanda	0	0	0	0	0	0	0	0	0	0			3	0	0.0	3	0	0.0	Jan-18
Namibia																			
Burundi																			
South Sudan																			
Madagascar																			
Comoros																			
Swaziland																			
Botswana																			
Eritrea																			
Lesotho																			
South Africa																			
TOTAL													11,181	186	1.7	47,593	806	1.7	

For further information Contact:

**Georges Tabbal**  
WASH Emergencies Specialist  
UNICEF Eastern and Southern Africa Region  
Email: gtabbal@unicef.org

**Ida Marie Ameda**  
Health Emergencies Specialist  
UNICEF Eastern and Southern Africa Region  
Email: iameda@unicef.org

**Maureen Khambira**  
Information Management Specialist  
UNICEF Eastern and Southern Africa Region  
Email: mkhambira@unicef.org